	TRANSMIT	TAL SLIP	26 De	mber 1	957	
STATINTL	TO:		<u> </u>		1	
	ROOM NO.	BUILDING				
	ROOM NO.	Matomic				
	REMARKS:					
	on the att	When and if clearance is effected on the attached, will you return to OSI copy 2 with the appropriate notation? At that time, please also advise this office verbally.				
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	(Att SAF	(Att SAPC-22738, copies 1 and 2)				
STATINTL	FROM:			·		
	ROOM NO. <b>305</b>	BUILDING Adr	nin	EXTENS	66	
	FORM NO . 241	REPLACES FORM WHICH MAY BE	I 36−8 USED.		(47)	